

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 OCT 27 AM 8:23

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (10/08)

26-08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000049912

1. Corporation Name
Manny Zerman Golf Inc

2. Principal Office Address - No P.O. Box # 5685 Alton Road		3. Mailing Office Address 5685 Alton Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach		City & State Miami Beach	
Zip 33140	Country USA	Zip 33140	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **5/2/2003**

5. FEI Number 582669710	Applied For
	Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Manny Zerman

Street Address (P.O. Box Number is Not Acceptable)
5685 Alton Road

Suite, Apt. #, Etc.

City Miami Beach	State FL	Zip Code 33140
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Manny Zerman* Date **10/24/2008**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Manny Zerman	5685 Alton Road	Miami Beach, FL 33140
			500137324465 10/27/08--01053--024 **758.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *MANNY ZERMAN* *Manny Zerman* Date **10/24/2008** Daytime Phone # **954 895 3630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28